

TROY PUBLIC SCHOOLS DISTRICT #1
P.O. BOX 867
TROY, MONTANA 59935
406-295-4606

FOR DISTRICT USE ONLY

Date application received _____
APPLICATION MATERIALS RECEIVED
Letter of Application ___ Resume ___
Placement File ___ Transcripts ___
Certification ___
Interviewed by _____
Elected _____
Position _____
Creditability – Years of Experience
Degree _____ + _____ + _____
Base Credits Step

AN EQUAL OPPORTUNITY EMPLOYER
THAT ENCOURAGES APPLICATIONS
FROM ALL PERSONS
REGARDLESS OF RACE, RELIGION
SEX, AGE, NATIONAL ORIGIN, OR HANDICAP

Date of this application _____

Position _____

CERTIFIED APPLICATION

APPLICATION OF:

Mr., Ms. _____
LAST FIRST M.I.

Present Address _____
STREET/PO BOX # CITY STATE ZIP CODE

Telephone # _____ Email address _____

Permanent Address _____
STREET/PO BOX # CITY STATE ZIP CODE

Telephone # _____

Major Area of Preparation _____

University: _____ Date Completed _____

Minor Area of Preparation _____

University: _____ Date Completed _____

When can you begin work? _____

Have you ever been denied a teaching certificate or had your teaching certificate suspended or revoked?
yes ___ no ___ If yes, please explain:

Are you legally authorized to work in the U.S.A.?
yes ___ no ___ If no, please explain:

Have you ever been convicted of any violation of criminal law?
yes ___ no ___ If yes, please explain:

EMPLOYMENT RECORD: List your present or most recent employer first.

Employer _____ Job Title _____

Address _____ Phone # _____

Immediate supervisor _____

Employment Dates: From _____ To _____

Job Duties _____

Reason for leaving _____

Salary _____

Employer _____ Job Title _____

Address _____ Phone # _____

Immediate supervisor _____

Employment Dates: From _____ To _____

Job Duties _____

Reason for leaving _____

Salary _____

Employer _____ Job Title _____

Address _____ Phone # _____

Immediate supervisor _____

Employment Dates: From _____ To _____

Job Duties _____

Reason for leaving _____

Salary _____

PROFESSIONAL DATA:

Currently employed: yes ___ no ___ If yes, location _____ phone # _____

May we contact your references, including your present employer, for recommendations? yes ___ no ___

If no, please explain:

Are you willing to attend and supervise school activities as assigned? yes ___ no ___

Will you participate willingly in committee and other professional work? yes ___ no ___

Please indicate areas where you have experience or ability to assist in our extra-curricular programs. This includes such areas as music, publications, clubs, and athletics.

1. _____ 2. _____ 3. _____

IMPORTANT: Application will not be considered unless all the following information is provided:

1. Letter of application
2. Completed application form
3. Resume
 - a. education
 - b. student teaching
 - c. experience
 - d. three references
4. Official transcripts
5. Copy of teaching certificates (if applicable)

TO THE APPLICANT: Upon completing this form, please return it to Troy Public Schools, Administration Office, P.O. Box 867, Troy, MT 59935. Applications will be active until November 1 following the date of receipt. To be considered for a subsequent school year, the applicant must fill out a renewal form which may be obtained from the Administration Office.

I hereby authorize Troy Public School District #1 to inquire as to my record with any or all of my former and/or current employers with no liability arising there from. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also hereby authorize Troy Public School District #1 to conduct a background check. I also authorize investigation of all statements contained in this application. I understand that my misrepresentation or omission of fact called for is cause for dismissal.

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment with the Troy School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Troy School District. I hereby expressly and voluntarily give the Troy School District the right to make a thorough investigation of my past employment, education and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5-103(3), MCA, to the staff of the Troy School District and its agents. I understand that the Troy School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Troy School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

SIGNATURE _____
DATE

Print Full Name: _____

Print Full Address: _____

City State Zip Code

Birth Date: _____

Social Security Number: _____

STATE OF _____)

: SS

COUNTY OF _____)

On this _____ day of _____, 20____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing release, and acknowledge to me that _____ executed the same as a free act and deed, for the uses and purpose therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notaries seal the day and year in this certificate first above written.

SEAL

Notary Public, State of _____
County of _____
My commission expires _____